

## 2017 CONSOLIDATED EMERGENCY REPORT



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UNICEF Regional Office for West & Central Africa (WCARO)

## Table of Contents

Abbreviations and Acronyms .....	3
Executive Summary .....	4
Humanitarian Context.....	5
Main purpose and expected outcomes of the response .....	14
Humanitarian Results.....	17
Monitoring and Evaluation .....	31
Financial Analysis .....	33
Future Work Plan .....	39
Expression of Thanks.....	44

## Abbreviations and Acronyms

AoR Area of Responsibility  
CAR Central African Republic  
CAAC Children in Armed Conflict  
CAAFAG Children Associated with Armed Forces and Armed Groups  
CCC Core Commitments for Children  
CO Country Office  
CMAM Community-based Management of Acute Malnutrition  
CPiE Child Protection in Emergencies  
C4D Communication for Development  
DRR Disaster Risk Reduction  
DRC Democratic Republic of Congo  
ECD Early Childhood Development  
ECHO European Community Humanitarian Office  
ECOWAS Economic Community of West African States  
EiE Education in Emergencies  
EPP Emergency Preparedness Platform  
EVD Ebola Virus Disease  
GAM Global Acute Malnutrition  
GBV Gender Based Violence  
HAC Humanitarian Action for Children  
HIV/AIDS Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome  
HPM Humanitarian Performance Monitoring  
IASC Inter-Agency Standing Committee  
IM Information Management  
IMAM Integrated Management of Acute Malnutrition  
INGO International Non-Governmental Organization  
IDP Internally Displaced Person  
IYCF Infant and Young Child Feeding  
M&E Monitoring and Evaluation  
MRM Monitoring and Reporting Mechanism  
NFI Non-Food Items  
NGO Non-Governmental Organization  
OCHA Office for Coordination of Humanitarian Affairs  
OECD Organisation for Economic Co-operation and Development  
ORS Oral Rehydration Salts  
OTP Outpatient Treatment Programme  
PSEA Protection from Sexual Exploitation and Abuse  
RO Regional Office  
RUTF Ready to Use Therapeutic Food  
SAM Severe Acute Malnutrition  
UASC Unaccompanied and Separated Children  
UNDG United Nations Development Group  
UNESCO United Nations Education, Scientific and Cultural Organization  
WASH in Nut Water, Sanitation and Hygiene in Nutrition  
WCAR West and Central Africa Region  
WCARO West and Central Africa Regional Office  
WHO World Health Organization

## Executive Summary

In 2017, the Regional Office provided support and oversight for preparedness and response across major regional emergencies in the Lake Chad Basin, including Nigeria (Level 3 since 2016) and neighboring countries of Chad, Cameroon and Niger (L2 since 2015). In DR Congo, a level 3 emergency was activated for the Kasai in August 2017, and was extended to the South Kivu and Tanganyika regions at the end of the year. The ongoing emergency in the Central African Republic (Level 2) also remains a corporate priority.

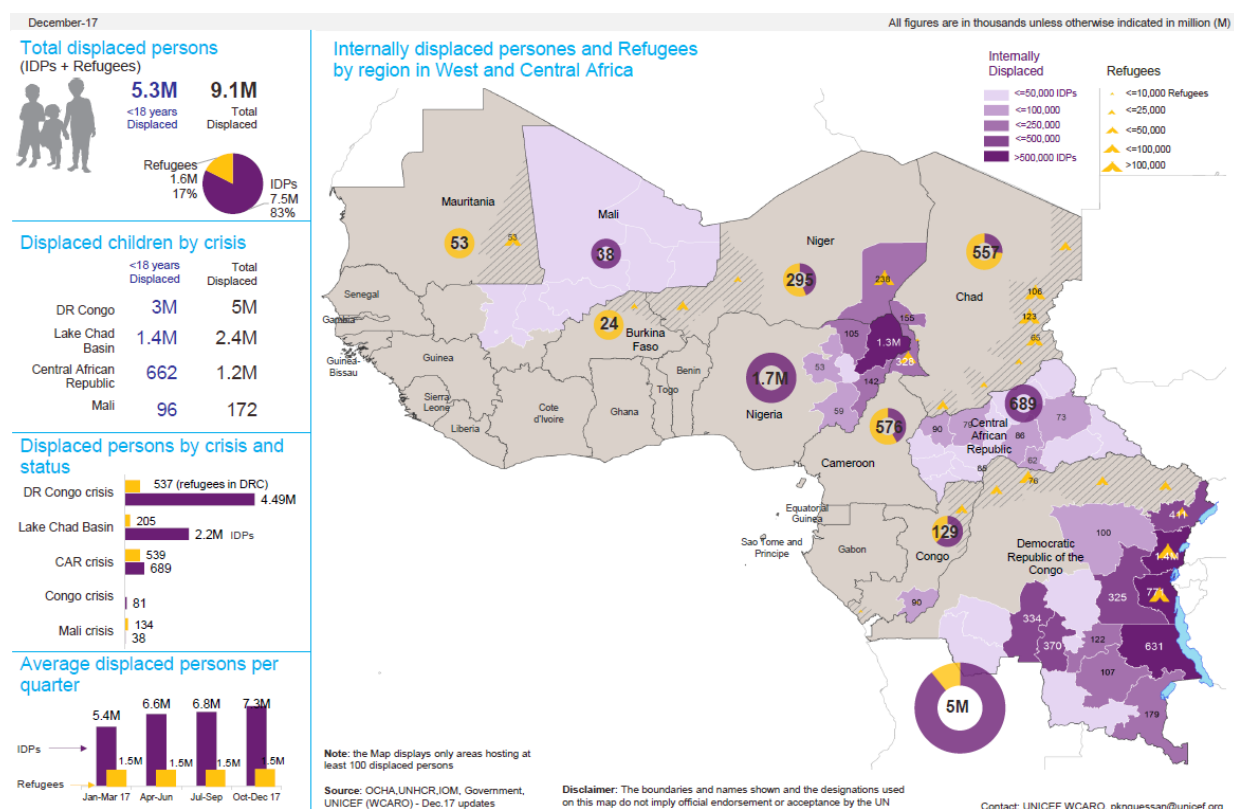
Under the 2017 WCAR HAC, over US\$ 32 million was mobilized. The Regional Office provided multi-sectoral support to the responses in the Central African Republic, the Democratic Republic of the Congo and the Lake Chad basin, as well as the Congo, Mali and Sierra Leone. Information management and preparedness were also supported across the region. With the support of the Regional Office, the Congo established an emergency team and responded to the displacement crisis in the Pool region. Technical nutrition support was provided for the crises in the Sahel and the Lake Chad basin. Cross-border coordination and information sharing were strengthened to harmonize programme interventions. The Regional Office also continued to support the Regional Cholera Platform, including prevention activities carried out through the Platform to prevent outbreaks in high-risk areas. These activities have contributed to reducing cholera incidence in the region over the past three years. Six Grave violations against children were monitored and reported in seven conflict-affected countries, which served as a critical entry point for child protection programming in the context of armed conflict. Advocacy initiatives rolled out in 2017 highlighted the plight of children in humanitarian crises.

WCAR has the highest proportion of fragile states, and other acute vulnerabilities in the world, the highest population growth in the world, with the lowest per capita economic growth. As such, getting the humanitarian-development nexus right is critical to make progress for children and maximizing the return on scarce resources. In 2017, WCAR increased investments at Regional and Country level in strong information management to identify hot spots of deprivation, giving development and emergency partners the tools to focus activities on the same most vulnerable children, to prevent severe acute malnutrition as well as treating it. Geographical convergence of sectors to converge and reach the same child is critical to preventing malnutrition through development activities for preventing malaria, water-borne diseases, poor feeding habits, access to nutritious food, and immunization; and for providing targeted emergency response through SAM treatment.

## Humanitarian Context

Amid the political instability and human rights violations, women and children bear the burden in West and Central Africa as they are among society's most vulnerable segments. They remain vulnerable to a range of humanitarian crises, including lack of access to basic social services, forced displacement, drought, flooding, epidemics and acute malnutrition.

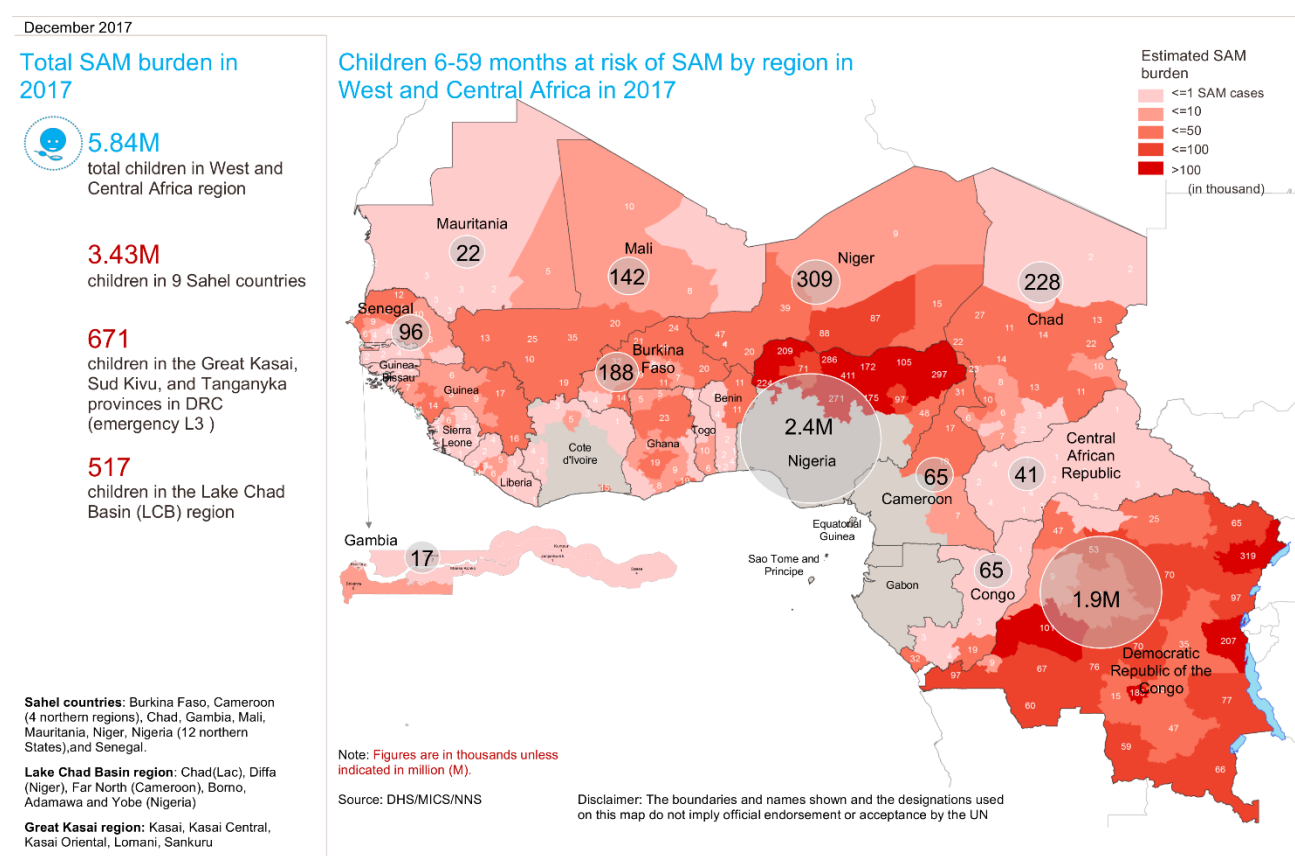
The humanitarian trends in the region in 2017 have been mixed, but overall, there has been a significant increase in forced displacement. More than 9 million people (5.3 million children) across the region—more than half of whom are children—are displaced.<sup>1</sup> This represents an increase from 6.5 million a year ago, mainly due to the multiple crisis in DRC, and increased displacement in CAR, where the situation has rapidly deteriorated, in the South East as well as in the North. While the Lake Chad crisis has stabilized, very few people have been able to return from displacement, and brutal terror attacks on civilians persist. At the same time, a major crisis is brewing in the Western Sahel, around Mopti in Mali, Sahel region in Burkina Faso and Western Niger, where few people are displaced, but many face the loss of health and education services due to attacks on all public institutions by Al-Qaeda-affiliated insurgents.



<sup>1</sup> Calculated based on data aggregated from reports of the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) Displacement Tracking Matrix and the DREC Niger from August, September and October 2017.

Acute malnutrition continued to be critical in the region, mostly in the Sahel region and in the DRC. More than 5.84 million children under 5 were suffering from severe acute malnutrition (SAM) across the region in 2017.<sup>2</sup> Of the 1.7 million children treated for SAM in the region, over 1.5 million were concentrated in the nine Sahel countries on an annual target of 2.5 million of children under 5 years. This represent 61% of severe acute malnutrition program coverage in Sahel. In certain regions of Chad, Mali, Mauritania and north-eastern Nigeria, the prevalence of global acute malnutrition (GAM) exceeds the emergency threshold of 15% and the prevalence of severe acute malnutrition (SAM) has increased in 2017 (2017 SMART surveys). In DRC, violence in the Kasai region, Tanganyika and Sud-Kivu displaced more than 3.9 million people and over 200,000 children are at risk of acute malnutrition.

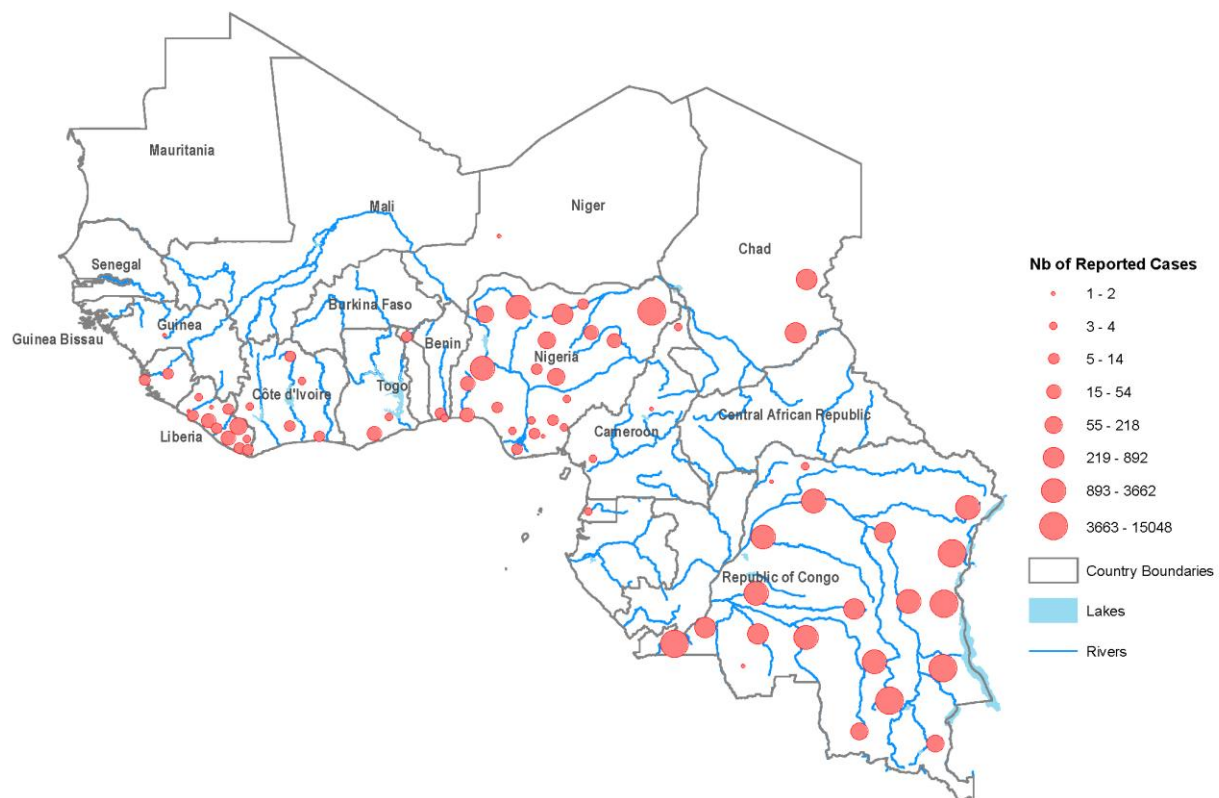
In large parts of the Sahel, a serious drought developed during 2017. The nutritional impact was starting to manifest itself towards the end of the year, especially in southern Mauritania, but this is expected to gain visibility in 2018 in other countries, especially in agro-pastoral, water-stressed areas that tend to be conflict-affected, in Mali, Burkina Faso and Niger. UNICEF started preparedness work in 2017 to put in place sufficient supplies for the expected increase in the SAM cases, and to strengthen WASH, health and education activities in the most affected communities to mitigate the impact of SAM.



<sup>2</sup> Calculated based on the demographic health surveys, multiple-indicator cluster surveys and national nutrition surveys of 24 countries. Note that these surveys are not all conducted in the same year in every country.

Cholera outbreaks continue to affect the Congo River, Lake Chad, Mano River and Niger River basins, with more than 65,537 cholera cases reported in 2017, including 1,403 deaths and a 2.1% case fatality rate.<sup>3</sup> A reduction in the number of reported cases was noted in the coastal zones of West Africa, mainly in Ghana and Benin<sup>4</sup>. However, the Lake Chad basin experienced a greater number of cases in 2017 than in the two previous years, 2016 and 2015. This was due to two distinct outbreaks in Borno State (Nigeria) and Eastern Chad, which were contained, thanks to strong preparedness and prepositioned supplies. In 2017, D.R. Congo remains the most affected country (accounting for 88% of cases) in West and Central Africa with more than 55,000 reported cases and 1,200 deaths. It is currently experiencing its worst epidemic since 1994.

## Cholera cases in West and Central Africa in 2017



At least 38 million children are out of school throughout the region. Most of them live in fragile countries. In 2017, the region continued to address the consequences of numerous crises that had a negative impact on access to safe and quality education for more than 8.3 million school aged children, as estimated by the Education Clusters and working groups.

<sup>3</sup> Regional Cholera Platform, 'Cholera Outbreaks in Central and West Africa: 2017 Regional Update - Week 52', available at: [https://www.platformecholera.info/images/WCA\\_Cholera\\_Update\\_W52.pdf](https://www.platformecholera.info/images/WCA_Cholera_Update_W52.pdf)

<sup>4</sup> Regional Cholera Platform, 2017 regional update, Week 52

The number of children requiring support has never been higher in West and Central Africa, challenging our resources and responses. Education institutions, teachers and students have been targets of violence: more than 1,000 schools were attacked in 2017, and as of December 2017, more than 2,300 schools were closed due to insecurity, affecting more than half a million students. In such a context, parents and communities feel reluctant to send their children to school. Furthermore, most of the communities hosting refugees and IDPs are characterized by very weak and vulnerable education systems, from before the crisis, and present the worst indicators in terms of enrolment (especially girls), retention and completion rates. In conflict affected countries, the percentages of Out of School Children raised to 41% of primary school aged children and 39% for secondary school children, for at least 29 million children who are out of school (UNESCO).

The proportion of children who experience violence (including violent discipline, sexual violence, and physical violence) remained alarming. In 2017, 9.4 million children were identified as ‘people in need’ by the Child Protection Sub-Sector in 7 countries<sup>5</sup> (Cameroon, Niger, Nigeria, Chad, CAR, DRC, Mali), among which 2 million were targeted by the Sub-Sector as a whole, including 714,871 by UNICEF<sup>6</sup> (105,822 in Cameroon; 100,000 in CAR; 13,166 in Chad; 30,863 in Niger; 375,000 in Nigeria; 20,000 in Mali and 70,000 in DRC).

The rights of young girls continued to be hindered by negative gendered social norms around practices such as child marriage and female genital mutilation or cutting (FGMC); trends that often increase when an emergency strikes. By the end of 2017, the proportion of girls married before the ages of 15 and 18 remained among the highest in the world at 14% and 41% respectively. One in three girls in Chad, Central African Republic and Niger are married before the age of 15. Additionally, one in three (31%) girls and women have undergone female genital mutilation/cutting, with large variations between countries such as Guinea (97%) and Cameroon (1%).

### **Lake Chad Basin (Nigeria, Chad, Cameroon and Niger)**

A combination of conflict, violence and drought, continued to affect the Lake Chad Basin (LCB) region in 2017. Across the region, an estimated 10.7 million people are in need of humanitarian assistance, including over 5.6 million children. Boko Haram’s attacks also continue to displace populations. While national military counter-offensives have made some gains in 2017, more than 2.3 million people, including 1.3 million children are displaced. The majority of the displaced are sheltered by communities who themselves count among the world’s most vulnerable. Some 200,000 Nigerian have fled across borders and live as refugees in the neighbouring countries.

The operational context in the four countries is highly complex, with tremendous security and access challenges, including continued attacks on ‘soft’ civilian targets. The patterns of Boko Haram asymmetric strategy, including widespread use of body-borne IEDs, frequently carried by children and women, and targeting of the humanitarian workers, is an additional challenge to reach the populations.

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<sup>5</sup> Humanitarian Response Plans 2017

<sup>6</sup> Humanitarian Action for Children (HAC) 2017

In all the four conflict-hit LCB countries, very limited staple harvests, high food prices, and poor labour opportunities also leave many households heavily dependent on humanitarian assistance for food access. 465,000 children are suffering from Severe Acute Malnutrition (SAM) (400,000 in North East Nigeria, 31,000 in Cameroon, 12,000 in Niger and 22,000 in Chad). Between October and December 2017, more than 5.2 million people were in need of immediate food and humanitarian assistance.

**Northeast Nigeria** continues to face a multitude of overlapping factors, including protection, food security and nutrition, education and development. Education is an essential ingredient for a lasting solution to the crises in NE Nigeria, where an estimated 1,500 schools remained closed for more than two years and about a million school-aged children have no access to education.

In 2017, the humanitarian response was scaled up, and a key challenge will be to maintain funding to maintain the level of services for affected populations, and supporting return where possible. A famine was averted in North-East Nigeria, thanks to a massive mobilization of support nationally and internationally. Across Borno, Adamawa and Yobe States, some 12,000 people are expected to be in IPC phase 5 – famine – during the upcoming lean season in 2018, compared to around 50,000 during the 2017 lean season.

**In Cameroon**, the Far North region, the most vulnerable region, experienced increasing attacks at the border with Nigeria in 2017 that left more than 335,000 people<sup>7</sup>, mostly women and children, displaced. While humanitarian access has increased in the Far North and basic services are slowly being restored, needs remained high across all sectors. Cameroon also received more than 13,000 refugees from the Central African Republic who were registered in 2017, and thousands more who are awaiting registration<sup>8</sup>. Overall, the number of IDPs has more than doubled since 2015, but some returns to Nigeria have started. While rates of global acute malnutrition and severe acute malnutrition (SAM) have dropped below emergency levels in all priority regions, almost all children targeted with SAM treatment were reached (55,356 out of 58,640).

2017 saw a deterioration of the situation in the Anglophone regions of Cameroon. An estimated 32,000 children are unable to access schools in the North West due to the crisis and 40 schools have been burned/attacked due to the conflict. This violent socio-political turmoil has pushed people to cross over to Nigeria, seeking refuge. The numbers of refugee and displaced people is on the rise. Limited access has prevented humanitarian organizations to fully assess needs, but the main gaps were identified in Education and Child Protection.

In **Chad**, the conflict in the Lac region has internally displaced about 126,000 people (refugees, returnees and IDPs). More than 120 sites and displacement locations are scattered around this remote region, creating a huge logistical challenge. The nutrition situation deteriorated in 2017, with 13.9 per cent of children under 5 years suffering from global acute malnutrition, up from 11.9 per cent in 2016;

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<sup>7</sup> International Organization for Migration, Displacement Tracking Matrix Round 11, November 2017.

<sup>8</sup> United Nations High Commissioner for Refugees, Central African refugee statistics for the East, North and Adamaoua as of October 31, 2017. Covers only the registered and enrolled populations.

and 3.9 per cent of children under 5 suffering from severe acute malnutrition (SAM), up from 2.6 per cent in 2016<sup>9</sup>.

In **Niger**, the Diffa region is currently hosting more than 247,000 IDPs, refugees and returnees - including an estimated 160,000 children, scattered across 100 spontaneous sites. 112,000 children are in need of emergency education assistance. In addition, Niger has the highest proportion of child marriage in the world, with over 3 out of 4 girls married before they are 18 (76%).

The regional office has played an influential role in advocating for children affected by this crisis. Strong advocacy work has taken place with governments and civil society to raise the profile of the crisis through publications such as [Silent Shame](#) and [UNICEF's Response to the Lake Chad Basin Crisis](#). In addition, UNICEF and the Civilian Joint Task Force (CJTF), in partnership with the Borno State Ministry of Justice, signed an Action Plan to end recruitment and use of children by CJTF, representing a major milestone in child protection.

### **Central African Republic**

The situation in the Central African Republic remains extremely difficult and complex. In the last six months of 2017, displacement grew by over 10%. UNICEF has been able to maintain its field presence despite the tough security conditions, but partner effectiveness has been significantly affected.

Nearly one in four Central Africans remain displaced, with 538,000 people living as refugees in neighboring countries<sup>10</sup>. Humanitarian needs in the country have increased from 2.2 million people in need in early 2017 to 2.5 million<sup>11</sup> by the end of the year, including 1.3 million children. Intercommunal violence, conflict within and between armed groups and clashes in the seasonal livestock migration corridors remained high and unpredictable. Dozens of armed groups continue to operate in the interior of the country. Following the withdrawal of French, US and Ugandan forces, the situation especially in the south-east dramatically deteriorated during 2017. Towards the end of the year, the situation in the north also deteriorated, resulting in refugee flows to Chad.

CAR in 2017 remains the country with the highest number of reported incidents against humanitarian actors, NGO offices and medical infrastructure. In 2017, over 232 attacks have targeted humanitarian workers, with 14 workers killed. While humanitarian organizations are negotiating their access, the fragmentation of armed groups make negotiations difficult and uncertain.

Access to health remain a challenge. Since 2012, 72 per cent of health structures have been destroyed or partially damaged. In 2017, 2.4 million people needed urgent access to health services. Access to primary health care depends exclusively on humanitarian organizations and less than half of all children are fully immunized. In addition, an estimated 1.1 million people are moderately or severely

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<sup>9</sup> Ministry of Public Health Directorate of Nutrition and Food Technology, National Nutritional and Retrospective Mortality Survey in Chad 26 July - 20 August, 2017, November 2017

<sup>10</sup> Data from the Commission de Mouvement de Populations.

<sup>11</sup> 2018 Central African Republic Humanitarian Needs Overview, OCHA.

food insecure. Of the 1.7 million people without access to safe water, 800,000 are children<sup>12</sup>, and approximately one in four children is out of school.

With the upsurge in violence, the recruitment and use of children by armed groups increased by 50 per cent between 2016 and 2017. It is estimated that at least 5,000 children remain associated with armed groups in the country.

### **Democratic Republic of Congo**

The largest humanitarian deterioration in the region in 2017 was in the DRC. The humanitarian situation in the country is closely linked to the political developments, and violence against civilian populations is the continuation of politics by other means.

One of the most prominent feature of 2017 was a sharp increase in violence in previously peaceful areas. The insurgency in the Kasai started in 2016, and caused massive displacement following a brutal insurgency and counter-insurgency, with atrocities against civilians perpetrated on all sides. The use of children in armed groups has been very prominent. On August 1, 2017, the UNICEF Executive Director activated the Level 3 Corporate Emergency Response for the Kasai region for a period of 6 months. In October, the Inter Agency Standing Committee (IASC) declared system wide Level 3 emergency response (L3) in the Kasai Region, Tanganyika and South Kivu. At the same time, several humanitarian organizations had to suspend their operations following threats, abductions and killings, mostly in South Kivu, North Kivu, and Tanganyika province.

In the 5 regions affected by the Kasai conflict (Kasai, Kasai Central, Kasai Occidental, Lomami, Sankuru), the crisis particularly affect children. The number of internally displaced persons has more than doubled since January 2017, reaching 4.1 million, the highest number in Africa<sup>13</sup>. 54 Health Centers have been attacked, and 53,000 children are deprived from an access to education following the attacks on 937 schools. The humanitarian crisis in Kasais is characterized by extreme ethnically-motivated violence, killings, and human rights abuses.

The access to basic social services is also precarious throughout the country. The recurrent outbreaks of Polio, Measles, Ebola and Cholera continue to affect populations on the move. More than 50,000 suspected cases of cholera<sup>14</sup> have been reported in 2017. An estimated 2.2 million children will suffer from Severe Acute Malnutrition in 2018<sup>15</sup>.

### **Mali**

Six years after the armed conflict broke out in northern Mali, and despite the progress made since the signing of the Algiers peace agreement in 2015, the country remains affected by a protracted humanitarian crisis and a deteriorating security situation. In 2017, the insecurity spread from the

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<sup>12</sup> 2018 Central African Republic Humanitarian Needs Overview', OCHA. Given that 1.7 million people lack access to safe water and children are 47 per cent of the population, 800,000 children lack access to safe water.

<sup>13</sup> Office for the Coordination of Humanitarian Affairs, October 2017. The number of internally displaced persons includes returnees.

<sup>14</sup> Cholera Outbreaks in Central and West Africa : 2017 Regional Update - Week 48

<sup>15</sup> U NICEF Nutrition Cluster data, October 2017.

northern to the central regions and led to significant population movement. Some 59,000 people<sup>16</sup> are internally displaced due to conflict and another 133,300 have sought refuge in neighboring countries<sup>17</sup>. Lack of access to essential services and limited State presence and capacity in the north are driving humanitarian needs. In 2017, an estimated 142,000 children were at risk of severe acute malnutrition (SAM). The education situation remains complex in conflict-affected areas, especially in the central region of Mopti, where 55 per cent of schools are closed<sup>18</sup>. More than 1 million children of primary school age (7 to 12) are out of school and at risk of rights violations<sup>19</sup>.

### **Burkina Faso**

In 2017, Burkina Faso continued to face humanitarian challenges, mostly related the insecurity threats and armed group attacks, and is prone to increasingly frequent and severe natural disasters such as drought, floods and climate-related pest invasions and diseases. In the North, East and Sahel regions, the malnutrition rate regularly exceeds the emergency threshold. About 860,000 people were in need of humanitarian assistance in the country<sup>20</sup>. Between January and December 2017, 94 violent attacks by non-state entities were reported, 114 people lost their lives, 71 people were injured, more than 185,000 people were directly affected and 23,320 displaced populations<sup>21</sup>. Due to the repeated attacks targeting schools, more than 80,000 students (38,582 girls) lacked access to education as 580 schools were temporarily closed between March and September 2017. As of December 2017, at least 15 insecurity incidents targeting schools in the Sahel region, especially in the rural zones bordering the northern Mali such as Nassoumbou, Diguel, Baraboulé, Koutougou and Tongomayel districts in Soum province were reported. These attacks or threats by extremist violent groups targeting schools and security posts (gendarme and police) have caused a wide spread fear among population, and led to the closure of schools in the region. In addition, national strike by the teacher unions demanding a better working condition was another reason for the prolonged closure of the schools.

### **Mauritania**

Mauritania is experiencing a malnutrition crisis that has been aggravated by droughts and floods. In the affected areas, access to drinking water and sanitation is below the national average at 62 per cent, and an estimated 86,000 persons are in need of safe drinking water<sup>22</sup>. The latest data available on the nutrition situation shows that 21 departments in eight regions are above the World Health Organization (WHO) threshold of a critical nutrition situation, with global acute malnutrition above 15 per cent and/or severe acute malnutrition (SAM) above 2 per cent<sup>23</sup>. In 2018, 165,000 children and pregnant and lactating women will require nutritional care and treatment, and an estimated 32,000 children under 5 years will require treatment for SAM.<sup>24</sup> This represents a 70 per cent increase

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<sup>16</sup> United Nations High Commissioner for Refugees, 'Operational Portal Refugee Situations – Mali situation', 24 November 2017.

<sup>17</sup> Ibid.

<sup>18</sup> Education Cluster, as of October 2017.

<sup>19</sup> Government of Mali Ministry of Education, Statistical Yearbook 2016-2017.

<sup>20</sup> Office for the Coordination of Humanitarian Affairs, 2017.

<sup>21</sup> Situation communicated by OCHA within the development of the 2018 inter-agency response plan.

<sup>22</sup> Multiple Indicator Cluster Survey Mauritania, 2015.

<sup>23</sup> Government of Mauritania Ministry of Health, Nutrition SMART Survey, August 2017.

<sup>24</sup> Government of Mauritania Ministry of Health, Nutrition SMART Survey, August 2017; and Word Food Programme Mauritania, Food Security Monitoring Survey, November 2017.

compared with the average annual caseload over the past five years<sup>25</sup>. Given the deteriorating security situation in the Sahel, 52,000 Malian refugees, more than half of whom are children, will require access to basic services, including access to potable water for drinking, cooking and hygiene, as well as education and protection support.<sup>26</sup>

### **Republic of Congo**

The Republic of Congo continues to suffer the impacts of refugees from neighbouring countries (CAR, DRC and Rwanda) and the internal conflict in the Pool Department. The northern part of Likouala Department is hosting some 35,800 refugees<sup>27</sup>. The ongoing conflict between the Government and militias is affecting 8 out of 13 districts in Pool Department, as well as Bouenza and Brazzaville departments, with an estimated 158,717 people in need of urgent assistance, including 107,828 internally displaced persons and 50,889 people from host communities<sup>28</sup>. Nearly 50 per cent of the affected populations in Likouala and Pool departments are children under 18 years, and 1,431 children in these departments are at risk of severe acute malnutrition (SAM). Some 125,900 people in affected departments lack access to clean water, and in the Pool Department, populations have limited access to health services. Nearly 12,000 children are without schooling due to the deteriorating security conditions and displacement of staff in the Pool Department. Across the country, nearly 3,000 people require psychosocial support.<sup>29</sup>

In 2017, **Sierra Leone** humanitarian assistance focused on the response to the 14 August flooding and landslide, which affected the Western Area Rural of the country and killed more than 500 people. UNICEF and partners played a critical role in responding to immediate humanitarian needs and to avert an outbreak of cholera and/or other waterborne diseases.

**Guinea** continued in 2017 to face epidemics, flood/landslide, conflict and civil unrest, and an acute nutritional crisis. Child mortality (33 for 1000 births) is predominantly linked to infectious diseases including epidemic-prone diseases, inadequate neonatal care and high rates of malnutrition. In addition, the risk of cross border contamination if an infectious disease outbreak occurs is still high.

**Liberia** is still recovering from the Ebola epidemic (2014-2015) and remains prone to epidemics due to its fragile health system. Access to preventive and curative services is a challenge. In 2017, Liberia continued to face rapid population growth, high levels of migration, and low levels of social services for children. The country experienced natural hazards and outbreaks such as measles, meningitis, Lassa fever, yellow fever and cholera, as well as hydro-meteorological hazards like floods, making it challenging to provide social services to some of the country's most vulnerable children thereby contributing to increased population vulnerability and repeated need for humanitarian interventions. In September 2017, heavy down pour of rains in Margibi County including parts of Kakata and Mamba

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<sup>25</sup> World Food Programme Mauritania, Food Security Monitoring Survey, November 2017.

<sup>26</sup> United Nations High Commissioner for Refugees, Mberra refugee camp database, November 2017.

<sup>27</sup> The refugee breakdown by country is as follows: 21,800 from the Central African Republic; 12,047 from the Democratic Republic of the Congo; and 1,953 from Rwanda. Source: United Nations High Commissioner for Refugees in Likouala, 2017.

<sup>28</sup> United Nations and the Government of the Republic of Congo joint needs assessment mission, November 2017.

<sup>29</sup> United Nations and the Government of the Republic of Congo joint needs assessment mission November 2017; and field visits.

Kaba Districts led to serious flooding. Twenty-six communities and nearly 5,000 community residents were affected by the flooding.

## Main purpose and expected outcomes of the response

The West and Central Africa Regional office provided extensive support to COs in the region to respond to emergencies. WCARO focused on the following humanitarian outcomes:

### Nutrition

**Supporting on going scale-up of SAM treatment and young child feeding in humanitarian situations, and reinforcing resilience related to prevention of malnutrition. Outcomes also include strengthening multi/inter-sectoral programming and sector coordination:**

- Prevent mortality and morbidity resulting from acute malnutrition. Prevent all forms of under-nutrition in children (boys and girls in all regions) through improved family practices.
- Improve the quality and coverage of SAM treatment programs and integration of nutrition activities with other sectors and promote preventive actions to address the root causes of malnutrition and building resilience among the poorest communities.
- Strengthen the humanitarian response capacities in Nutrition by training nutrition staff from UNICEF, partners and government from the region.
- Improve learning and from emergency responses and reinforce knowledge management.
- Mitigate the adverse effects of the precarious food and nutrition situation in the Sahel and other emergency affected settings to reinforce early warning capacities in the region including support to the regional early warning mechanism led by ECOWAS and CILSS (through the *cadre harmonisé* – regional IPC).
- Improve the capacity and number of capable personnel trained to respond to Nutrition in Emergencies and implement quality Integrated Management of Acute Malnutrition programs in the instable environment of the Sahel
- Enhance nutrition integrated programming in emergency response plans (including integrated Management of acute malnutrition, infant and young child feeding (IYCF), WASH, health, psychosocial and early child development support) by supporting country offices to improve coverage and quality of critical intervention.

### Education

**Supporting immediate resumption of education services during humanitarian emergencies, in protective learning environments; fostering education preparedness and institutionalizing Conflict/Disaster Risk Reduction, psychosocial support, and Risk Sensitive programming into sector policies. Programming focuses on:**

- Provision of strategic advice, capacity building and technical assistance to WCAR countries, to strengthen the humanitarian planning, response, and to support the achievement of UNICEF and Education Cluster targets, including through appropriate funding.
- Advocacy for the endorsement of the Safe Schools Declaration and the implementation of the Global Coalition to Protect Education from Attack (GCPEA) Guidelines for Protecting schools and universities from military use during armed conflict.
- Implementation of Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, through the dissemination of a culture centered on 'Protective Learning

Environments' and resilient education approaches across conflict affected operations, including through integrated education/child protection programming.

- Promotion of the Risk Informed Approach to Programming in Education in emergency and preparedness.
- Piloting of innovative approaches for reaching more children with protective education routine (Alternative Education/ Radio Education Programming).
- Reinforcing coordination of education responses, including improved information management on education in emergencies.
- Generating Knowledge through Information Management, document share information and including for increase in EiE funding.
- Promotion and support of the use of education as a platform for behavioral change in the community to contribute to health/protection results for crisis affected children.
- Support to the integration of good practices in education in emergencies into local and regional policies (humanitarian-development nexus) through partnership and visibility

### **Child Protection**

**Ensuring that girls and boys affected by emergencies (L3 and other humanitarian crisis) in WCAR benefit of a qualitative Child Protection (CP) in Emergencies response, programming and capacity building for preparedness and response:**

- Providing quality technical support to countries in emergencies, with specific focus on L2 and L3 emergencies and ensure that all emergency responses in the region have included a Child Protection response based on the CCCs.
- Strengthening Child Protection in Emergencies capacity and CP systems to enhance the CP response in West and Central Africa.
- Ensuring advocacy to strengthen the support to Child Protection in Emergencies response in complex contexts.

### **WASH**

**Increasing access and use of safe water and basic sanitation facilities by the poorest and vulnerable populations in times of crisis, through:**

- Support of emergency response to L3/ L2 emergencies and field support.
- Strengthening Preparedness through EPP/ Capacity Mapping and HR development plan.
- Advocacy to pursue the Humanitarian – Development Nexus and risk-informed approach in Emergency Preparedness and Response.
- Maintaining quality and coordination mechanisms in countries with Clusters and Quality/ CCC monitoring.
- Facilitation of the regional cholera platform and high-level advocacy for the implementation of prevention in cholera hotspots and the uptake of knowledge management.

## **Health & HIV**

**Supporting outbreak prevention and response, as well as supporting access to essential, preventive and curative health services in countries affected by humanitarian situations.**

**Programming focuses on:**

- Providing essential primary health care services with high coverage to vulnerable groups with particular focus on child immunization against measles with a specific outreach strategy that utilize mobile clinics.
- Scaling-up of the use of Oral Cholera Vaccine in humanitarian settings to ensure a comprehensive response to cholera epidemics.
- Strengthening the international collaboration on surveillance of disease with the governments of the region through the Economic Community of the West and Central Africa States (ECOWAS).
- Reinforcing preparedness for rapid and effective health response to humanitarian crises and strengthening of health sector resilience to risks.
- Maintaining access to HIV prevention, testing and treatment services in humanitarian crises.
- Integrating GBV and HIV into conflict prevention, resolution and recovery efforts of crisis/post-crisis countries significantly affected by HIV.

## **C4D**

**UNICEF and partners observe commitments for Accountability for Affected Populations (AAP) in emergency situations, in alignment with UNICEF's Core Commitments for Children.**

**C4D activities focus on the following outcomes:**

- Strengthening and/or developing context-specific and culturally appropriated communications, community engagement and social mobilization, and coordination in emergencies.
- Providing accessible and timely information to affected populations; and involving affected populations in the design, monitoring and evaluation program interventions.

## Humanitarian Results

### Emergency

In 2017, the Regional Office Emergency Section provided in-country support to CAR, Niger, Nigeria, Chad, Cameroon, RoC, DRC, Ghana, Liberia, Gabon, Mali, Sierra Leone, Togo, . The RO emergency section also provided remote support to all 24 countries across the region. This support has covered an array of needs expressed by country offices and included the following: emergency preparedness, response planning, management and field coordination, guidance on UNICEF engagement in IA humanitarian architecture, partnerships and budget management in emergencies, programme criticality exercises, Humanitarian Performance Monitoring (HPM) and Information Management (IM) technical assistance.

The regional Emergency Section supported the management of Level 2 and L3 emergencies, such as the declaration of a L3 in the Kasai region of DR Congo in August 2017 and of the Tanganyika and South Kivu regions in December 2017, and the extension of the L3 Nigeria, the L2 in the Lake Chad Basin (Cameroon, Chad, Niger) and CAR. COs were supported on the use of simplified standard operating procedures (SSOPs) and regional coordination mechanisms (e.g. REMT, TEMTs). For the Kasai crisis, the emergency section coordinated technical and managerial support to the country office internal declaration of a L3 emergency in August 2017 including specific support provided to meet the L3 requirements and scale up the response through the response plans, review of the HPM, diversification and management of partnership and advocacy, and surge support.

The regional Emergency section has worked to support country office CERF submissions and ensure the timely utilization of funds by country offices (Cameroon, CAR, Chad, DRC, Mali, Niger, Nigeria, Republic of Congo). CERF funds have been critical to start and/or scale-up emergency response. In addition, the Emergency Section has provided and coordinated RO technical support to COs to develop and quality assure CO HACs, UNICEF inputs into HRP (IA Humanitarian Response Plans) and other appeals.

As part of the fundraising and humanitarian advocacy efforts, the RO worked with the Nigeria+ COs, CAR CO, DRC CO, UNICEF National Committees, HQ and PFP. Further to the Call for Action from the Secretary-General to respond to the threat of famine in South Sudan, Somalia, North East Nigeria and Yemen, WCARO, UNICEF CO Nigeria and UNICEF HQ increased advocacy and response to prevent the threat from becoming reality. The advocacy initiatives focused on raising awareness with actors including governments, civil society and international organizations. In February 2017, UNICEF participated in the Oslo humanitarian conference for Nigeria and the Lake Chad region. An advocacy piece developed by the RO and can be found at the following address:

[https://www.unicef.org/wcaro/OSLO\\_LCB\\_Advocacy\\_Note\\_Final\\_Low\\_Res.pdf](https://www.unicef.org/wcaro/OSLO_LCB_Advocacy_Note_Final_Low_Res.pdf)

In 2017, the Emergency team continued to support preparedness strengthening across the region, in anticipation of potential new crises or worsening of the current ones. In anticipation of the roll out of the Emergency Preparedness Platform (EPP), and following the adoption of the Procedure on Emergency Preparedness in December 2016, dedicated preparedness missions/workshops were carried out in Liberia, Sierra Leone, Ghana, Togo, Cape Verde, resulting in successfully completion of

the yearly emergency preparedness planning through the EPP by all the five COs and stronger awareness on the need of systematic, CO-wide strengthened preparedness in UNICEF COs. A preparatory mission on preparedness was also carried out in Mali CO, while the full-fledged workshop on the use of the EPP will be held in May 2018.

The Emergency section strengthened HPM/IM and mapping capacity through onsite trainings during field missions to Nigeria, DRC, and Chad as well remote coaching for staff in Niger, Cameroon, CAR and Mali. The Section also promoted innovation in humanitarian context through webinars (including on big data, geomatics pilot project in Mali/Segou using drones) and by facilitating communication between COs and the Global Innovation Center (e.g. deployment of RapidPro in Niger).

## Nutrition

In 2017, significant scale-up of Severe Acute Malnutrition (SAM) treatment has made SAM treatment available in the majority of health centers of the West and Central African countries. The number of health facilities offering SAM treatment increased from 8,000 to 8,805 in the Sahel region between 2016 and 2017. Progress was also made across the non-Sahel countries with more than 7,118 health centers offering SAM treatment in 2017 compared to 5,406 in 2015. As a result, 1,950,822 million children affected by SAM were treated across the region.

In the nine Sahelian countries, a total of 1,580,095 children under 5 years of age with SAM were newly admitted while in the non-Sahel countries, SAM admissions are at 400,369. IMAM program in Sahelian countries have reached directly 46 % of the total estimated SAM burden (3,433,979) for 2017 and 61.3 % of the annual targeted SAM Caseload set up for 2017 (2,576,367). Program performance indicators met the recommended SPHERE standards. The cure rate was at 90.1%, death rate at 1.5% and defaulter rate at 8.3%. However, some countries like Cameroon and Senegal have defaulter rates of 17.0% and 19.5% respectively, which is higher than the recommended 15%. For the WCAR region, the IMAM program reached at 63% of the total targeted caseload in 2017.

In June 2017, WCARO organized a workshop on scaling up SAM management through its integration into the health system to reach 3.6 million children with SAM management by 2021. The workshop was preceded by discussions with countries on progress made, bottlenecks facing the program and possible solutions. The proposed Approach for sustainable scale-up of SAM management will be designed based on countries' context, current coverage, capacities and opportunities.

UNICEF WCARO has continued to support countries and governments to undertake timely nutrition assessment in emergency situation, and to develop capacities to lead Nutrition Surveys in chronic or rapid onset emergency settings. UNICEF WCARO dedicated specific resources and advocacy effort to countries to improve level 3 and emergency program monitoring. IMAM reporting is now systematic and regular (monthly) in 9 Sahel countries and quarterly in the rest of the region where nutritional context is considered as fragile. Nigeria scaled up CMAM reporting using Rapid Pro in the 3 states.

COUNTRIES	SAM Estimated Burden 2017	SAM Targeted	TOTAL SAM ADMISSIONS	% target	Total	Total	% Geographical Coverage
		Caseload 2017	(January-December)		# of Health Centers	# of Health Centers offering IMAM services	
Benin	47,220	7,200	17,066	237%	1,434	576	40%
Burkina Faso	187,923	140,942	90,970	65%	1,871	1,871	100%
Cameroon (4 Northern Regions+Refugees)	64,932	58,640	68,330	117%	903	740	82%
Central African Republic (CAR)	40,693	30,520	26 812	88%	765	409	53%
Chad (National+Refugees)	228,239	200,294	205,798	106%	1,468	684	47%
Democratic Republic of Congo (DRC)	1,941,307	388,926	229 884	59%	8738	3563	41%
Republic of Congo (RoC)	64,798	700	945	135%	357	22	41%
Gambia	17,450	8,725	5,790	66%	165	112	68%
Ghana	89,442	44,721	12,662	28%	6496	1599	25%
Guinée	79,380	44,624	31,331	70%			
Guinée Bissau	9,673	4,836	926	19%			
Liberia	39,306	20,851	18,304	88%		125	
Mali	142,398	106,799	120,218	113%	1,379	1,307	95%
Mauritanie	22,368	19,012	18,385	96.70%	818	664	81%
Niger	309,175	309,175	358,236	116%	963	922	96%
Nigeria (11 Northern States + Kaduna)	2,365,068	1,655,640	672,317	41%	9,005	1,080	12%
COTE D'IVOIRE	37,328	14,799	12,251	83%	579	352	61%
Senegal	96,426	77,140	40,051	52%	1,479	1,425	96%
Sierra Leone	36,316	30,869	42,115	136%	1,281	659	51%
Togo	23,039	9,216	8,073	88%	757	416	55%
<b>TOTAL</b>	<b>5,842,482</b>	<b>3,173,629</b>	<b>1,723,768</b>	<b>54%</b>	<b>38,458</b>	<b>16,526</b>	<b>43%</b>

In 2017 in the **Lake Chad Basin**, a total of 440,015 children with SAM have been treated in the LCB, representing a quarter of the total number of children admitted in the Sahel Region. Out of the 440,015 children newly admitted for SAM, 9% were in the Far North Region of Cameroon, 5% in the Lac Region of Chad, 3 % in the Diffa region of Niger, while 82% were in the three north-eastern states in Emergency (Adamawa, Borno and Yobe).

In 2017, UNICEF and WFP elaborated a joint emergency food security and nutrition preparedness and response plan for North East Nigeria. The two plans (multi-sectoral emergency concept note for Borno and the joint WFP-UNICEF rapid response mechanism) outline the specific activities and actions UNICEF and WFP based on the agreed upon nutrition priorities and strategies. In addition, the support was extended to the Nutrition and food security Sector Working Group to strengthen coordination of nutrition and food security activities. The planned interventions to respond to the situation included: (i) General food assistance (GFA); (ii) Treatment of severe acute malnutrition (SAM); (iii) Community mobilization (screening/active case finding and referrals); (iv) MAM treatment through BSFP or extended criteria where no BSFP; (v) Prevention of malnutrition through Blanket supplementary feeding (BSFP); (vi) Infant and young child feeding practices protection, promotion and counselling in emergency; (vi) Micronutrients supplementation and deworming; (vii) Linkages with water and sanitation and health sectors; (viii) Assessments and surveys.

A joint project is ongoing where UNICEF identifies and provides treatment to SAM children while WFP provides cash transfers to the households for six months, to improve household food security and ensure RUTF ration are not shared with the whole family. The coordination for emergency preparedness, response, and recovery was also strengthened by signature of a regional MoU between WFP and UNICEF to strengthen collaboration on an agreed and formalized regional plan of action on Nutrition.

In **Burkina Faso**, the nutrition crisis was aggravated by droughts especially in three regions; Sahel, East and North, affecting 132,8930 children under 5 years old suffering from acute malnutrition (both severe and moderate). 90,970 children under five years old SAM children were admitted into therapeutic feeding programme from January to December 2017, representing 65% of the annual target of 140,942,000 nationwide. As part of prevention activities, 128,882 children aged 6-23 months benefitted from Infant and Young Child Feeding services representing 92,05% of the UNICEF annual target. UNICEF reached children with SAM treatment, even though some delays were observed in the new community health strategy implementation and increased insecurity which impeded access to nutrition services, leading to a reduction in the implementation rate.

In the **Republic of Congo**, a screening of displaced children was conducted in the Pool districts and showed that 17% of children were suffering from SAM. UNICEF was instrumental in generating this evidence on the impact of the Pool crisis on children, in collaboration with WFP. Dissemination of the data by the Ministry of Social Affairs led to official recognition of the crisis and a joint Government-UN call for international support. A \$23 million Humanitarian Response Plan (HRP) was developed, followed by a successful fundraising outcome which saw the Country Office raise 33 per cent of its financial needs and ensured continuity of social services for the affected populations.

In **Mauritania**, UNICEF contributed to the implementation of an integrated package of preventive and care services in the Hodh El Gharbi region in partnership with a local NGO. 243 community health workers were trained on techniques used for mass screening and treatment severe acute malnutrition. As the lead agency in the nutrition sector, UNICEF supported the Nutrition Unit of the Ministry of Health in hosting monthly nutrition coordination meetings to monitor the 2017 nutritional situation through a systematic review of IMAM performance indicators. This coordination mechanism was instrumental in developing an integrated humanitarian response plan to mitigate the impact of the 2017 acute drought.

In **Senegal**, about 1.2 million children aged 6 to 59 months were screened for severe acute malnutrition. 40,051 SAM children aged 0 à 59 months were treated countrywide, of which 20,306 from the 5 emergency regions. In addition, 1,425 inpatient and Outpatient (IPF and OTP) nutrition units were set up and integrated in the health facilities for SAM management.

## Education

With UNICEF technical, coordination, and financial support, 1.45 million children were provided with access to infrastructure, reaching 72% of the initial target in 7 countries; 1 million children were reached with distribution of learning materials (46% of the target); 730,000 children attended education with a teacher trained in psychosocial support in the classroom (56% of the target). UNICEF achievements greatly contributed to Education Cluster results across the region: 1.6 million children were provided access to infrastructures, 1.3 million children received learning materials, and more than 1.3 million children received psychosocial support in the classroom by a trained teacher. More than 360,000 crisis affected children benefitted from school feeding.

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<sup>30</sup> 2017 Global Acute Malnutrition burden in children under five years old in the Sahel, Nord and Est regions – source : National Nutrition Survey using SMART methodology 2016

Despite overall improvement in targeting, particularly by the Education Clusters, in 2017 the overall 'access gap' in humanitarian assistance in 7 countries with humanitarian crisis, remained at 1.2 million children (insufficient funding, access, capacity), a trend similar to 2016.

In the attempt to fill the 'access gap' in countries affected by the Boko Haram crisis, UNICEF completed the design and the piloting of the Prototype of a Radio Education in Emergency package aimed at enhancing the outreach, and the quality, of the emergency response. Since June 2017, in remote crisis affected areas of Niger and in Cameroon, radios broadcast of math and literacy lessons that were designed by UNICEF are aired and are now owned by the Ministry of Education. The broadcasts are in four languages, including 3 local languages (Kanouri, Fulfulde/Fulani, and Hausa). Evidence collected in Cameroon shows that children are interested in and understand the lessons. They say they are eager to listen the life-saving messages embedded in the lesson. Importantly, the children highlight that the radio program brings back memories of when they went to school before displacement, which gives them hope.

In Boko Haram affected areas of the LCB and in Burkina Faso UNICEF engaged the Ministries of Education in piloting the conflict and disaster risk reduction (C/DRR) in the classroom approach, to increase school resilience and enhance the protective environment for children towards security threat and incidents at the school premises. As a result, in LCB countries, almost 130,000 children have attended education in classrooms, where teachers have conducted a vulnerability mapping and response plan (C/DRR). In addition, 53 schools in Burkina Faso developed emergency preparedness plans following the same 'resilient education approach'. Capacity building on C/DRR in the classroom benefitted almost 1,900 teachers in Lake Chad crisis affected countries (127 schools), and almost 850 teachers in Burkina Faso (297 schools). Teachers learned to conduct risk assessments with their students in the classroom, using the umbrella methodology designed by UNICEF WCARO. Under the Ministry of Education accountability, school administrators, in collaboration with child protection focal points in the community, conducted a vulnerability mapping for the school, and looked for affordable solutions within the community networks to render the school more resilient to hazards.

Findings from the UNICEF and Ministries of Education supported WCARO-led Protective Learning Environment field research in LCB schools, proved that this innovative approach can make the difference for children who go to school in conflict zones: the perception of safety is enhanced, and teachers mature a sense of responsibility towards their students. Parents trust teachers as care-taker on the school premises; communities become proactive in enhancing school safety.

Overall, the education component of the UNICEF humanitarian appeals in the region (HAC) received 59% of the US\$ 71 million requested, while the Education Cluster received only 19% of the US\$ 207 million required (2017 HRP).

### Child Protection

In 2017, throughout the region, 564,356 children were provided with Psychosocial Support; 9,414 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up, and 3,128 UASC were reunified. 12,468 children associated with armed forces or armed groups and children placed in detention for suspicion of

association with armed groups benefited of reintegration services. 244,699 people were targeted with awareness messages, including mine risk education messages.

WCARO Child Protection section supported Country Offices through on-site missions tailored according to the needs expressed by the different countries. A one month mission to DRC at the onset of the L3 (Kasai crisis) was completed, as well as a mission to Mali, with a focus on CAAFAG. A series of support and monitoring missions on the ECHO Children of Peace project (Niger, Chad, Cameroon and Nigeria) IM, were also completed.

A specific focus was placed on a new Education/Child Protection approach, aimed at enhancing a protective environment for children (within communities and at school). A full review of the sub-regional 2016 response in the Lake Chad Basin was completed. Technical support was provided to inter-agency coordinators in cluster countries to strengthen qualitative CPiE responses.

The roll-out of the regional three-year project for capacity-building of CPiE stakeholders in WCA continued, with 11 scholarships allocated to national UNICEF staff and UNICEF's partners (national NGOs and Governments) for the Bioforce CPiE project manager certificate. One workshop on CPiE coordination was organized for Governments and UNICEF counterparts. A consultancy was launched to research options of improving civil registration systems and services in fragile States for the most vulnerable children.

WCARO supported Country Offices on Human Resources, with an up to date CPiE roster of pre-screened profiles. Support to fast-track recruitment of CPiE and IMO specialists, in particular for L3 Country Offices, was provided, and three meetings of the CPiE inter-agency working group at regional level were organized.

A cooperation with a law firm was launched to strengthen the analysis of legal framework for the detention of children in the Lake Chad Basin and to feed in UNICEF's advocacy messages to prevent and address the detention of children associated with armed groups.

WCARO CPiE team supported the UNU Global research on "Preventing and Responding to Recruitment and Promoting Effective Release and Reintegration" to enhance programmatic responses for children affected by extreme violence in 2 countries of the region (Mali and Nigeria).

### **Cameroon**

In 2017, 85,037 children were provided with Psychosocial Support (1,572 in the Eastern part of the country/CAR crisis and 83,465 in the extreme North/LCB crisis); 2,540 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up (331 in the Eastern part of the country/CAR crisis and 2,209 in the extreme North/LCB crisis), and 290 UASC were reunified. 38 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services. 65,857 people were targeted with awareness messages, including mine risk education messages.

## **CAR**

In 2017, 148,807 children were provided with Psychosocial Support; 834 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up, and 539 UASC were reunified. 3,026 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services.

## **Chad**

In 2017, 23,551 children were provided with Psychosocial Support (CAR crisis: 17,537; LCB crisis: 6,014; 1,041 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up (CAR crisis: 708; LCB crisis: 333), 86 (CAR crisis) + 53 (Nigeria crisis) UASC were reunified. 14 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services. 27,384 people were targeted with awareness messages, including mine risk education messages.

## **DRC**

In 2017, 82,604 children were provided with Psychosocial Support; 2,523 unaccompanied or separated children (UASC) were reunified. 3,204 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services.

## **Niger**

In 2017, 12,357 children were provided with Psychosocial Support; 260 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up, and 7 UASC were reunified. 76 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services.

## **NE Nigeria**

In 2017, 201,420 children were provided with Psychosocial Support; 4,739 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited of an individual and qualitative follow-up, and 234 UASC were reunified. 6,082 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services. 94,699 people were targeted with awareness messages, including mine risk education messages.

## **Mali**

In 2017, 10,580 children were provided with Psychosocial Support and 21 UASC were reunified. 28 children associated with armed forces or armed groups and children placed in detention for suspicion of association with armed groups benefited of reintegration services. 14,454 people were targeted with awareness messages, including mine risk education messages.

## WASH

In 2017, 181 million people in WCA (38% of the WCA population) lacked access to basic water service, with a much higher proportion (54%) lacking access in rural areas compared to 18% in urban areas. In terms of access to sanitation, the high prevalence (122 million people) of the practice of open defecation at the beginning of the SDG period continues to be a high regional priority. During 2017 the WCA region identified this as one of its “Key Results for Children” over 2018-2021 programming cycle.

In 2017, the WASH sector in WCAR has reached 9.7 million people, including 3.5 million by UNICEF, out of 15.4 million people in need of WASH humanitarian assistance. More specifically, WASH sectors have provided access to improved drinking water sources to 6.9 million new users, and access to improved sanitation to 2.9 million new users.

UNICEF WCARO Wash section provided continuous support to enhance WASH response in emergency-affected countries, particularly L2/L3 emergencies such as Nigeria, CAR, DRC, Mali, and ensured leadership or co-leadership role in national sectoral coordination in 11 countries. Moreover, the WASH sector supported countries on the implementation of the WASH in Nutrition strategy and integrated stunting strategies including lessons learning and sharing from priority countries.

The **Regional Cholera Platform** maintained the diffusion of bi-monthly cholera outbreak bulletin. The Platform also continued activities of capacity strengthening reaching out to 151 persons from NGOs, Ministries, and health sector, in Niger, Chad, and Benin through trainings on early detection of cholera with Rapid Detection Tests, infection control, and emergency response.

In the **Lake Chad Basin**, WASH sector intervened in 5 regions (Diffa, Borno, Lac, Yobe, Maroua) and provided 2.65 million people with safe water. In **Nigeria**, UNICEF provided access to safe water and adequate sanitation, WASH kits and hygiene messages to conflict affected persons in IDP camps and host communities. In 2017, the WASH interventions focused on the maintenance, sustainability, and scale up of the services provided, as well as preventive measures against water borne diseases. This led to an extra 1.977.987 people receiving safe water per agreed standards by the WASH partners. UNICEF contributed significantly to this by reaching 1.028.000 people. In **Niger**, 57.000 people affected by the crisis in Diffa received drinking water provided by UNICEF. In total 150.000 people were reached by WASH partners. In **Chad**, only 32% of the required US\$ 7.2 million were mobilized to implement WASH emergency response in 2017 (WASH sector of the HRP was 35% funded in 2017). UNICEF reached 241.143 conflict affected people with drinking water and basic sanitation out of the 370.314 people reached by the WASH cluster. In **Cameroon**, UNICEF contributed to 31% of the sectorial results, reaching 47.605 people with drinking water out of the 152.805 reached by the WASH sector.

## CAR

Through RRM, UNICEF and partners reached nearly 53,000 affected people with WASH services. In particular, UNICEF has continued to invest in long-term solutions through the support of WASH core supply pipelines.

## **DRC**

In 2017, DRC has faced one of the most severe cholera crisis with up to 55,028 reported cases and 1,193 deaths. The WASH cluster, led by UNICEF, provided WASH cholera -response packages to 1.7 million persons in cholera-prone zones. UNICEF WASH interventions targeted 2.975.411 people in 2017 amongst 43% of them through UNICEF. The Rapid Response to Movements of Population (RRMP) has played a key role in assisting internally displaced persons, returnees, and host families.

## **Gambia**

Political upheaval in The Gambia in the first quarter of 2017 led to the movement of approximately 162,000 Gambians internally and into Senegal. The CO supported the safe movement of populations through delivering WASH support to host communities where villages in rural areas in proximity to the greater Banjul area swelled significantly. It included support to latrine construction, health promotion with support on ORS preparation and tippy tap construction. Support was also given to transiting populations through support to drinking water at key river crossing points and border posts.

## **Mali**

In crisis-affected areas, 103,476 people benefitted from access to safe water and improved WASH infrastructure (water points, latrines, hand-washing stations) which contribute to resilience building. Despite the significant needs in the northern regions, the WASH in Emergencies intervention remained one of the most underfunded through 2017, with only 9% received (2.6M US\$ out of 28.5M US \$). In particular, the WASH in Nutrition activities did not receive any funding.

## **Sierra Leone**

In 2017, UNICEF Sierra Leone's humanitarian assistance focused on the response to the 14 August flooding and landslide, which killed more than 500 people. UNICEF, with other partners, contributed significantly to avert an outbreak of cholera and/or other waterborne diseases, through supporting an immediate WASH response, and providing (from existing prepositioned stock) equipment to rescue teams at the landslide site, infection prevention and control (IPC) materials and equipment to burial teams, and IPC materials and essential medicines to temporary displacement centres and health facilities. Supplies were complemented with social mobilisation at the affected communities. During the response, UNICEF's U-Report platform was used to support, and relay key messages to affected communities and gather data on issues of concern.

UNICEF supported the Ministry of Health and Sanitation (MOHS) with prepositioning of cholera treatment supplies and equipment (mostly from existing stock), as well as clearance and delivery of more than one million doses of the oral cholera vaccine (OCV), enabling the vaccination of over 500,000 people in affected communities in each of two rounds of the preventive OCV campaign. Through the RapidPro platform, UNICEF supported MOHS to rapidly collect and monitor real time information on suspected cholera cases and malnutrition referrals from community health workers (CHWs). To educate families and caregivers on key behaviours, especially on how to avoid cholera and malaria, UNICEF and partners trained 550 CHWs to work in and around the affected sites, reaching a total of 97,201 caregivers across the landslide/flood affected areas in Freetown.

## **Mauritania**

A comprehensive package of WASH interventions was rolled out in health facilities and surrounding communities supported by the Nutrition programme. These included: support to eliminate open defecation to prevent faecal contamination of food and water; provision of WASH kits to health facilities benefiting from the Nutrition programme; and training of community health workers on hygiene practices with special focus on essential family practices. 34,000 people declared having ended open defecation in 260 villages in Hod El Gharbi region; hygiene and sanitation conditions of 46 health facilities improved through the provision hygiene kits and rehabilitation of latrines; 120 community health workers were trained on how to conduct sessions on hygiene sensitization and essential family practices (with a special focus on mothers and children with severe acute malnutrition). 1,500 children with SAM and their mothers were reached by community health workers and received hygiene kits. In addition, 250 household affected by flood in Adra region were supported with water and sanitation kits.

## **Liberia**

UNICEF Liberia responded to a flood emergency in the town of Unification in Margibi County (central Liberia) in September 2017, which affected an estimated 5,000 persons. The WASH response included the provision of Water Guard for household water treatment and other hygiene items (buckets, jerrycans, drinking cups to 751 families (4,273 persons), and psychosocial support services to 28 children (18 girls, 10 boys).

## **Republic of Congo (RoC)**

In response to the Pool crisis, emergency water supply, sanitation and hygiene promotion activities included the installation of 9 bladders for IDPs in sites and emergency repair of 4 drilling and water points in host localities. A total of 11,699 IDPs (65 per cent of the target population) accessed safe drinking water, including 100 percent of IDPs in sites. Furthermore, 2,258 IDPs (25 percent of target population) were provided with adequate and safe toilets.

## **Senegal**

In 2017, 21,043 hygiene kits were distributed to the families of SAM children, sensitization activities on essential family practices were conducted. In addition, 732 IDP families affected by the flooding in Kaolack received the hygiene kits, and 234,161 persons sensitized on good hygiene practices.

## **Health & HIV**

### **Immunization: Measles & Polio**

Since Nigeria reported new Wild Poliovirus type 1 (WPV1) in Borno in July 2016, this unexpected setback generated a huge response in terms of National Immunization Days (NID) and Supplementary Immunization Activity (SIA) campaigns in West and Central Africa and in the Lake Chad region in particular.

Despite these efforts, in July 2017, in the Democratic Republic of the Congo (DRC), two separate circulating vaccine-derived poliovirus type 2s (cVDPV2s) were confirmed. The first cVDPV2 strain was isolated from two acute flaccid paralysis (AFP) cases from two districts in Haut-Lomami province, with onset of paralysis on 20 February and 8 March 2017. The second cVDPV2 strain was isolated from

Maniema province, from two AFP cases (with onset of paralysis on 18 April and 8 May 2017) and a healthy contact in the community. Outbreak response, consisted in strengthening surveillance, including active case searching for additional cases of AFP, and supplementary immunization activities (SIAs) with monovalent oral polio vaccine type 2 (mOPV2), in line with internationally-agreed outbreak response protocols are ongoing.

The Polio task forces are good practices established in the context of the Lake Chad Basin Initiative. These task forces serve as a platform for regular discussions of how to resolve key bottlenecks and were pivotal in enhancing local leadership, ownership, commitment and accountability. As part of capitalizing on polio assets, countries in the region have initiated some cutting-edge innovations to strengthen community engagement. Core elements included: i) strengthening local governance and social accountability by establishing multi-sectoral accountability frameworks and structures at the district level, with clear roles and responsibilities; ii) empowering communities and fostering mutual accountability, using a feedback loop through community score cards and U-Reports; iii) establishing community registers to account for every child and pregnant woman in the community and facilitate individualised follow-up; iv) institutionalising community-level monitoring; v) and forming service delivery partnerships with local politicians and government officials, religious and traditional leaders, women's and youth groups.

**Measles** - During 2017, several successful immunization campaigns for measles and meningitis took place. With UNICEF and partner support (MRI, GAVI, WHO, etc.), reactive vaccinations have been organized in Nigeria (second phase), Chad (first phase) Senegal and Ghana.

**Lassa Fever** - four countries in 2017 were affected by Lassa Fever with a total of 501 suspected cases including 104 deaths have been reported since the onset of the current Lassa fever outbreaks (the majority reported in Nigeria) WCARO monitored and provided technical assistance to countries for Lassa Fever outbreaks management ( Benin, Burkina Faso, Togo and Nigeria).

**Yellow Fever** - From 2 July through 19 December 2017, 341 suspected cases of yellow fever have been reported from 16 states, including Abia, Anambra, Borno, Edo, Enugu, Kano, Katsina, Kogi, Kwara, Kebbi, Lagos, Nasarawa, Niger, Oyo, Plateau, and Zamfara states. Six states have reported confirmed cases of yellow fever (Kano, Kebbi, Kogi, Kwara, Nasarawa and Zamfara). WCARO disseminated guidance and protocols to the COs including crisis communication component to make sure that the response interventions align the norms and support to COs in responding to the outbreak..

**Hepatitis E:** From 1 September 2016 until 13 January 2017, a total of 693 cases including 11 deaths of acute jaundice syndrome (AJS) have been reported from Am Timan, Chad. Subsequently in Niger in May 2017, a total of 282 suspected cases including 27 deaths have been reported. All reported deaths except for one death are among pregnant women (mortality ratio: 9.6%). WCR provided technical assistance and coordinate the response with the national offices, WHO and Ministry of health

**Dengue** Suspected cases of dengue in Cote d'Ivoire were first reported on 22 April 2017 and confirmed by the Institute Pasteur de Côte d'Ivoire (IPCI) laboratory on 28 April 2017.

## **Burkina Faso**

A Dengue fever epidemic again hit the country starting September 2017, recording total 14,944 suspected cases until November 2017. Most of them were from the Central region and 20% were under 18 years old. The CO participated in monthly meetings of the Epidemics Management Committee led by Ministry of Health to plan and coordinate required actions. UNICEF specifically supported the reproduction of communication materials on prevention of Dengue for 1,150,552 students (including 564,316 girls) in 5445 schools. Using the U-report, the CO also transmitted messages on Dengue fever to 34,000 adolescents and youths. Through funding from the Swedish Cooperation, UNICEF contributed to strengthen the quality healthcare delivery system in the Sahel region with focus on the implementation of the nationwide free healthcare measure (started in July 2016) through an intensive and effective monitoring activities and the performance monitoring system and bottlenecks analysis at health facility and community level in all the four districts of the Sahel region and at the regional hospital.

## **Guinea Bissau**

More than 2,800 Community Health Workers (CHWs) were trained in interpersonal communication, including simple and practical techniques on animation, counselling for home visits and community base dialogue. Through both the CHWs' efforts and media programmes, key messages on 16 Key Family Practices (KFPs) have reached the vast majority of the Bissau-Guinean population, including the most remote communities as well as mobile population such as nomadic groups or fishing communities.

In 2017, the risk related to a measles outbreak was closely monitored through the weekly bulletins and the meetings of the COES (Health emergency operations centres) hosted by INASA. In total 53 suspect cases was assessed. Of these 8 were determined positive for measles. However it was found that the cases were mostly imported from neighbouring Guinea-Conakry and that there was not local outbreak.

## **Guinea Conakry**

In 2017, the Ministry of Health, with support from partners including UNICEF, urgently responded to an outbreak of measles across the country, with special attention to low performing regions. In 2017 UNICEF continued to support emergency preparedness and response by maintaining a contingency stock to ensure adequate response capacity for infection control and prevention if an emergency occurs.

In February 2017, following the confirmation of 1,043 measles cases in 27 health districts, UNICEF Guinea timely procured measles vaccines and injection material. UNICEF Guinea supported the MoH in the planning and development of riposte plan and provided technical support by deploying a total (25 staffs) 5 international stop teams, 2 international consultants and 8 national consultants and 8 staff from the country sub office and 2 international to support the coordination at the national level. UNICEF supported the vaccination and vitamin A supplementation of 1,370,068 children from 6 to 59 months in April and May 2017 which led to stopping the outbreak. The 6 isolation centres received children diagnosed with measles cases during the last outbreak, for adequate treatment.

## **Liberia**

In 2017, UNICEF provided essential primary health care services with a particular focus on child immunization against measles. In response to a measles outbreak reported in Bong County (north-eastern Liberia) in September 2017, 972 children aged six months to 10 years were vaccinated against measles in the three affected communities – Kayata, Gbartala and Kandakai. Community Health Assistants (CHAs) conducted an active case search for measles and mobilized families to receive vaccinations and Vitamin A supplements. UNICEF Liberia provided high-quality potent measles vaccines and Vitamin A for the outbreak response.

## **Mauritania**

An obstetric package, designed to facilitate financial access to quality emergency obstetric and neonatal care, was launched in three districts. Quality access to emergency obstetric and neonatal care services was ensured for 2,791 pregnant women in target districts. UNICEF supported a national workshop which was instrumental in designing a national roadmap to strengthen this innovative life-saving intervention. Finally, the contribution enabled the support mobile clinics in the five least performant districts, allowing the Penta3 vaccine coverage to increase from 64% in 2016 to 70% in 2017.

## **HIV**

The WCA region has one of the world's highest HIV burdens among children and adolescents, second only to that of Eastern and Southern Africa. Six countries alone account for 80% of people living with HIV (Nigeria, DRC, Cameroon, Côte d'Ivoire, Chad and Ghana). HIV programming has been heavily affected by humanitarian crises in the region. Internal migration and cross-country migration is of particular concern in countries affected by conflict such as Nigeria, DRC and CAR last year.

In 2017, an International Conference on AIDS and STIs in Africa (ICASA) was organised in the region for the first time in 20 years; the regional office set up a continental working group which was co-led with UNAIDS East and Southern Africa. The group included other UN agencies (UNHCR, WFP, IOM and ILO) and civil society. The objective of the Conference was to discuss the correlation of HIV with migration. Advocacy around HIV and migration is important because migrants tend to be in extreme isolation, at higher risk of contracting HIV and limited opportunities to access testing and treatment.

In DRC, an increasing number of victims of sexual violence was being reported through the conflict in Kasai (1,429 sexual assaults reported between 2016 and May 2017 targeting essentially children and girls between 12 and 17). The HIV section worked closely with the Child Protection team at regional and country levels to strengthen the presence of experts on gender and sexual violence in the Kasai, integrate GBV interventions in the wider emergency response and set up prevention measures against sexual exploitation and abuse, including from humanitarian workers. It is planned that this work will be taken forward in 2018 and extended to other parts of DRC such as victims of the Ituri's conflict.

## **C4D**

In 2017, WCARO C4D section worked to anticipate and respond to CO requests for assistance in outbreaks, and to work inter-sectorally in emergency priority countries. C4D supported CO on ten different outbreaks in 2017, including Cholera (11 COs), Ebola (5 COs), Lassa (1 CO), Measles (10 COs), Meningitis (9 COs), Monkey Pox (1 CO), Polio (11 COs), Yellow Fever (2 COs), Necrotizing *Cellulite* (1 CO) and Zika (2 COs).

The Regional Office organized a regional capacity building workshop with C4D chiefs from all 24 countries (and selected partners) from 11-16 May 2017. The workshop covered C4D SOPs for Polio and emergencies, discussed the role of C4D in emergency preparedness within community platforms, as well as the role of C4D for the humanitarian-development nexus.

C4D contributed to the Children of Peace Radio Education Program in Niger and Cameroon. 144 Radio programs were developed; the first lessons (Francais Facile) were launched in Cameroun (Mokolo); and, aired in three languages (Hausa, Kanouri, Fulfulde) in Niger. C4D developed the C/DRR messaging framework to support schools and conduct vulnerability mapping and preparedness plans in face of risks related to the conflict in the Lac Chad area. During broadcasts, C4D strongly contributed to the radio listenership study, pretesting questions, training materials, and development of a monitoring log frame.

C4D liaised with the WCARO cholera platform, supply and operations to organize shipment of materials to Niger and Nigeria. These include completed educational flip-charts, pamphlets and editable electronic versions for adapting to local contexts.

The RO also completed the Ebola Documentation Lessons Learned and produced two Ebola preparedness videos for Education in Emergencies sector. These videos are provided to schools to initiate dialogue on preparedness and engage stakeholders on roles and responsibilities.

All 24 COs completed the C4D Preparedness Survey in April-May 2017, which shows that almost all COs integrate C4D into emergency planning and also well integrated within all sectors. 11 COs use Rapid Pro and U Report as a feedback mechanism during emergencies, and over half have completed a media mapping for engagement during emergencies.

The RO contributed to the development of information packages produced with the RO Emergencies and EMOPS EPP roll-out team. The HEPI packages are not yet finalized yet but aim to help COs with their planning for epidemics and outbreaks.

## Resilience

In 2017, as chair of the R-UNDG Resilience working group, UNICEF led the development of the joint R-UNDG/OECD Common Diagnosis and Prioritization approach which was piloted in CAR (November 2017). The results were used to review the Central African Republic National Recovery Plan. UNICEF also contributed to the development of the Joint R-UNDG Strategic Framework for Resilient Development in Africa which was adopted in April 2017. UNICEF engaged in the Sahel Cross Border Resilience System Analysis which was undertaken by UN Regional Offices and Governments of the Sahel.

In 2017 WCARO led the piloting of the new guidance on strengthened programs and operations in fragile contexts in Mali; UNICEF also supported DRC in refining resilience measurement in the Kasai region and in fine-tuning the third generation of the PEAR+ resilience approach; UNICEF coordinated the development of the UN Inter-Agency Resilience Programme for the Far North Region of Cameroon and provided support to Chad, Benin and Mauritania for Disaster Risk Reduction mainstreaming into national systems.

In January 2017, UNICEF was tasked to facilitate the Regional UNDAF support workshop session on Resilience and Risk Informed Programming which took place in Accra. With OCHA and UNV, UNICEF

coordinated the Risk and Vulnerability Assessment to inform Senegal Common Country Assessment; Additional in situ and remote technical support was provided to Liberia, Equatorial Guinea, Mali, Senegal, the Central African Republic, Niger, Nigeria, Mauritania, Burkina Faso, Ghana and Cabo Verde.

Overall, 2017 represented a strategic milestone for the positioning of UNICEF on resilience and fragility in the Region. WCARO provided sound advice and strategic support to translate the partnership that was initiated with OECD into results. UNICEF WCARO presented its work on Resilience and Risk Informed Programming in high level policy forum such as the International Network on Conflict and Fragility (INCAF) annual meeting (May 2017) and the OECD forum on Resilience, conflict and fragility (September 2017). UNICEF demonstrated its leadership role as co-convenor of the United Nations Integrated Strategy for the Sahel (UNISS) and positioned itself as a trusted agency to conduct the negotiation on the reframe of this strategy and in particular the resilience pillar (chaired by the UN Deputy Secretary-General).

### Supply

The continued investments in emergency preparedness at CO level, and the management and maintenance of emergency supply hubs in Accra and Douala are examples of practices of return on investments that have contributed to reduce costs and save resources, especially for responding to needs in landlocked countries where transport by sea can be much more time consuming. The hubs have supported five countries in 2017. The Accra hub has supported DRC with NFI and WASH kits for Cholera and the Kassai crisis response; Mali and Nigeria for Nutrition responses, with a total supplies weight of 340 MT and 900 m3. Through the Douala hub, CAR has been supported with NFI and WASH kits; Mali, DRC and Nigeria with nutrition responses with a total supplies weight of 1,150 MT and 1850 m3. The use of the sub-regional hubs allows supplies to be bought to countries quickly using sea and road transport, reducing the need for very costly air transport.

In 2017, following the comprehensive review and mapping of the emergency supply corridors and pre-positioning strategies implemented by UNICEF in WCAR, conducted end of 2016, the new strategies have been implemented, resulting on focusing on additional RUTF stockpiling due the increasing demands for therapeutic food in the Sahel countries. The project to increase the RUTF stockpiling in a new location for a quantity of 100,000 cartons to ensure rapid response and avoid stock outs is still undergoing.

### Monitoring and Evaluation

In 2017, the Regional Office continued to support all HAC countries in establishing and maintaining data-driven humanitarian performance monitoring (HPM), which facilitated in-country decision making processes and the development of high quality information and monitoring products. More than 80 COs' SitReps and factsheets were published under WCARO technical oversight, to update stakeholders (beneficiaries, Headquarters, Natcoms, and donors) on UNICEF and partner's achievements and on the situation of children and women in the region.

The Regional Office promoted the use of standard regional indicators and field monitoring systems (e.g. third party monitoring) to ensure an effective monitoring of performance vis-vis annual targets as well as strong quality of COs' humanitarian response on ground. Regarding field monitoring system, WCARO supported DRC and Chad COs to design their third-party monitoring model respectively for the L3 response in Kasai crisis and L2 response in the Lake Chad Basin crisis. Niger CO benefitted from

RO support in the development of a concept note for a SMS-based (RapidPro) reporting and monitoring project in Diffa for the WASH, Education and Nutrition sectors.

The WCARO Emergency Section developed data tracking and mapping tools to systematically gather information from COs and produce visual regional snapshots on the humanitarian situation and UNICEF response.

In 2017, through the Emergency Technical Team (ETT), WCARO supported 10 countries to develop their humanitarian appeal for children (HAC) in 2018, including 7 countries with an interagency humanitarian response plan (HRP).

## Financial Analysis

Table 1

**2017 Funding Status against the Appeal by Sector (in USD):**

Sector	Requirements	Funds Available Against Appeal as of 31 December 2017*	% Funded
Nutrition	12,007,309	8,688,102	72%
Health and HIV/AIDS	1,433,883	1,338,362	93%
Water, Sanitation and Hygiene	6,995,950	1,169,187	17%
Child Protection	2,533,611	1,349,765	53%
Education	3,147,306	1,218,419	39%
Emergency Preparedness and Response	13,140,000	34,981,725	266%
<b>Total</b>	<b>39,258,059</b>	<b>48,745,561</b>	<b>124%</b>

Table 1a

**2017 Details of funds available against the Appeal by Sector (in USD):**

	Burkina Faso	Mauritania	Congo	WCARO	LCB	Total
Nutrition	6,400,351	1,582,319	12,482	692,951		8,688,102
Health and HIV/AIDS		439,348	717,647	181,368		1,338,362
Water, Sanitation and Hygiene	159,239	306,259	313,203	390,486		1,169,187
Child Protection	253,807	450,196	242,501	403,262		1,349,765
Education	142,456	624,746	185,034	266,184		1,218,419
Emergency Preparedness and Response			191,828	31,026,705	3,763,192	34,981,725
<b>Total</b>	<b>6,955,853</b>	<b>3,402,866</b>	<b>1,662,694</b>	<b>32,960,955</b>	<b>3,763,192</b>	<b>48,745,561</b>

Table 1 and 1a show the funding status against the WCARO appeal. These tables account for all 2017 income against the WCARO 2017 appeal plus WCARO carry-over from previous years.

The carry-over includes Emergency Thematic Funding as well as non-thematic contributions under the 2016 WCARO HAC of Country Offices that do not have their own HAC appeal.

Table 1 and 1a do not account for carry-over of COs from other previous appeals such as Sahel HAC or Ebola HAC. These carry-over grants are however detailed in Table 2 hereunder.

Table 2

Table 2 - Funding Received and Available by 31 December 2017 by Donor and Funding type (in USD)			
Donor Name/Type of funding		Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2017</b>			
<b>a) Thematic Humanitarian Funds</b> (Paste Programmable Amount from Table 3)			
See details in Table 3		SM149910	<b>645,254</b>
<b>b) Non-Thematic Humanitarian Funds</b> (List individually all non-Thematic emergency funding received in 2017 per donor in descending order)			
Burkina Faso	Japan	SM170055	636,000
	USAID/Food for Peace	SM170458	954,025
	Switzerland	SM170376	223,320
Denmark	USAID/Food for Peace	SM170395	20,476
		SM170458	10,238
Liberia	Japan	SM170061	1,272,000
	Liberia (WB)	SM150021	1,666,312
Mauritania	EUROPEAN COMMISSION / ECHO	SM170077	614,259
	USAID/Food for Peace	SM170395	195,443
Programme Division	USAID/Food for Peace	SM170395	32,714
		SM170458	16,357
Sierra Leone	Australia	SM170559	153,257
	The United Kingdom	SM170144	644,769
		SM170393	2,391,255
		SM170446	1,260,662
WCARO, Senegal	Denmark	SM170126	2,853,067

	Ireland	SM170365	910,125
	USA (USAID) OFDA	SM170674	500,000
	USAID/Food for Peace	SM170395	38,760
		SM170458	19,380
	European Commission / ECHO	SM170187	13,281,525
		SM170210	1,061,571
Total Non-Thematic Humanitarian Funds			28,755,515
c) Pooled Funding			
(i) CERF Grants (Put one figure representing total CERF contributions received in 2017 through OCHA and list the grants below)			
Congo	UNOCHA	SM170377	146,350
		SM170380	499,577
		SM170382	610,307
		SM170383	385,789
Total CERF Grants			1,642,023
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2017 through these various pooled funding mechanisms.			
Guinea	UNDP - MDTF	SM170439	446,033
Sierra Leone	UNDP - MDTF	SM170438	308,963
Total Other Pooled Funds Grants			754,996
Total Pooled Funding (i+ii)			2,397,019
d) Other types of humanitarian funds			
Mauritania	USAID/Food for Peace	KM170021	21,600
		KM170023	237,503
Total Other types of humanitarian funds			259,103
Total humanitarian funds received in 2017 (a+b+c+d)			32,056,891
II. Carry-over of humanitarian funds available in 2017			

<b>e) Carry over Thematic Humanitarian Funds</b>			
Benin	Global - Thematic Humanitarian	SM149910	40,072
Burkina Faso	Global - Thematic Humanitarian	SM149910	610,101
Congo	Global - Thematic Humanitarian	SM149910	103,180
Cote D'Ivoire	Global - Thematic Humanitarian	SM149910	2,347
Equatorial Guinea	Global - Thematic Humanitarian	SM149910	61,861
Gambia	Global - Thematic Humanitarian	SM149910	4,846
Guinea	Global - Thematic Humanitarian	SM149910	651,773
Guinea Bissau	Global - Thematic Humanitarian	SM149910	271,657
Liberia	Global - Thematic Humanitarian	SM149910	1,783,300
Mauritania	Global - Thematic Humanitarian	SM149910	41,747
Senegal	Global - Thematic Humanitarian	SM149910	288,509
Sierra Leone	Global - Thematic Humanitarian	SM149910	3,086,204
Togo	Global - Thematic Humanitarian	SM149910	1,152
WCARO, Senegal	Global - Thematic Humanitarian	SM149910	2,715,960
<b>Total Carry over of Thematic Humanitarian Funds</b>			<b>9,662,710</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)			
Burkina Faso	USAID/Food for Peace	SM160508	171,596
	SIDA - Sweden	SM160115	84,746
	European Commission / ECHO	SM160142	861,616
	Japan	SM160098	122,208
Congo	Japan	SM160078	245,001
		SM160079	63,415

	UNOCHA	SM160544	68,696
		SM160545	38,396
		SM160550	46,083
Cote D'Ivoire	Cote d'Ivoire	SM140564	2,475,885
	UNOCHA	SM160432	208,306
Guinea	Guinea - Conakry	SM150244	429,534
		SM150247	468,431
Liberia	Liberia	SM150020	1,800,275
		SM150021	1,788,924
	USA USAID	SM150043	7,977,797
	UNDP - MDTF	SM160011	362,148
		SM160270	185,628
	Liberia	SM150516	905,614
	UNDP - MDTF	SM160598	466,000
Mauritania	USAID/Food for Peace	SM160383	295,737
	European Commission / ECHO	SM160283	184,853
		SM160142	3,930
		SM160370	83,360
	Japan	SM160085	574,666
Senegal	European Commission / ECHO	SM160142	24,600
Sierra Leone	Sierra Leone	SM150505	3,908
	UNDP - MDTF	SM150581	549,866
	Japan	SM160089	331,834
	Sierra Leone	SM160301	213,134
WCARO, Senegal	European Commission / ECHO	SM160421	404,072

WCARO, Senegal	USA (USAID) OFDA	SM160462	443,589
<b>Total carry-over non-Thematic Humanitarian Funds</b>			<b>21,883,849</b>
<b>Total carry-over humanitarian funds (e + f)</b>			<b>31,546,559</b>
<b>III. Other sources</b> (Regular Resources set -aside, diversion of RR - if applicable)			
NA			
<b>Total other resources</b>			

Table 2 includes large carry-over from previous years from COs in the region that do not have their own HAC. Several COs had Emergency funding from previous years and under other appeals such as the Sahel HAC or Ebola HAC. Out of the 31.5 million USD carry-over, over 14.5 million USD are from the Sub-Regional Ebola HAC which ended in 2015. Most of these funds were strictly earmarked for Ebola response and recovery. 14 COs (Benin, Burkina Faso, Congo, Cote D'Ivoire, Equatorial Guinea, Gambia, Guinea, Guinea Bissau, Liberia, Mauritania, Senegal, Sierra Leone, Togo, WCARO) carried over 9.6 million USD of Emergency Thematic funding that was then used in 2017 to respond to emergencies across the region. 2.4 million USD were also carried forward in Burkina, Mauritania and Senegal from the Sahel HAC that ended in 2016. All of these COs did not have their own HAC appeal in 2016 so all of this carry-forward is being reported in the 2017 WCARO CER.

Table 3

<b>Thematic Humanitarian Contributions Received in 2017 (in USD): Donor</b>		<b>Grant Number</b>	<b>Total Contribution Amount (USD)</b>
Congo	United Kingdom Committee for UNICEF	SM1499101409	58,043
Mauritania	Allocation from global Thematic Humanitarian	SM149910	200,000
Sierra Leone	United Kingdom Committee for UNICEF	SM1499101553	47,785
WCARO, Senegal	United Kingdom Committee for UNICEF	SM1499101612	15,483
	United States Fund for UNICEF	SM1499100926	17,378
	UNICEF-THAILAND	SM1499100831	6,564
	Allocation from global Thematic Humanitarian	SM149910	300,000
	<b>Total</b>		<b>645,254</b>

## Future Work Plan

The WCA region remains one of the most emergency-affected and fragile regions in the world, with weak governance structures, low public revenue, high vulnerability to climate change and political and social instability. Emergency needs will therefore remain high in the next four years in DRC, the LCB and the Sahel due to political and security instability, while other countries remain vulnerable to floods, epidemics and other threats. Emergency preparedness remains central to reducing the impact of both natural disasters and complex emergencies. As part of UNICEF's commitment in the World Humanitarian Summit to bridge the humanitarian-development gap, WCARO will continue to strengthen the implementation of Early Recovery approaches. The RO will support COs with emergency programmes to set up more robust field monitoring systems, including third party monitoring and information management to allow for more responsive programming. All work will be done within the framework of UNICEF's CCCs in Humanitarian Action, global policies and corporate procedures on emergencies (level 2, level 3), as well as the Cluster approach and the IASC Transformative Agenda. Public advocacy efforts will remain focused on countries in crisis to ensure that the rights and well-being of children in emergencies are at the centre of the global agenda and adequate resources are made available.

**The WCARO emergency section will focus on:**

- Continue to strengthen emergency preparedness in COs in the region through the roll-out of the new UNICEF emergency preparedness procedure and the use of Emergency Preparedness Platform (EPP) in all countries; monitor sub-regional risks and preparedness levels of COs in the region; provide technical assistance to the COs for the compliance to the minimum preparedness standards and beyond; support knowledge sharing across COs, ROs and HQ in preparedness; support the regular updating of the Emergency Preparedness Platform in all COs in the region.
- Strengthen emergency preparedness in RO through the new UNICEF emergency preparedness procedure and the use of Emergency Preparedness Platform (EPP), and the completion of a RO preparedness plan.
- Support to CO response – secretariat function to L2 and L3 emergencies, continued oversight and support to humanitarian response planning and performance monitoring (including improved roll-out of field monitoring), assurance of accountabilities where UNICEF is cluster lead, and continued improved interagency coordination as appropriate.
- Strengthen the implementation of Early Recovery commitments of the CCCs, so that the considerable emergency funds spent in the region yield benefits for children after the emergency response. The Section will work with Programme Sections and Country Offices to identify gaps and create action plans to strengthen programme practices through existing planning cycles.
- Strengthen information management (IM) in Country Offices - support to improved data management systems, including data collection, visualization and information sharing, mapping, mobile and cloud-based technology approaches as appropriate. Focus will also be on building capacity of COs staff and networking, coordination with other agencies.
- Lead UNICEF Humanitarian Advocacy to improve visibility and engagement on silent and neglected crises. Targeted strategies, messages and advocacy products will be developed in

coordination with COs and regional office colleagues targeted to actors including governments, international organizations and civil society.

- Remote and on-site support to COs on response planning, management and field coordination, guidance on UNICEF engagement in IA humanitarian architecture, partnerships and budget management in emergencies, programme criticality, Humanitarian Performance Monitoring (HPM) and Information Management (IM).
- Strengthening Cash: Further to the World Humanitarian Summit engagements, UNICEF has engaged in expanding its cash based interventions because of the demonstrated humanitarian impact as well as a modality that contributes to link humanitarian and development components. WCARO will support COs in their efforts to increase the percentage of cash based interventions in the region.

**The NUTRITION section** will focus on:

- Emergency preparedness and close follow up of emergencies, notably Lake Chad Basin (NE Nigeria, SE Niger, NW Chad), CAR+, Mali+.
- Develop guidance and tools to support COs in developing national multi-sectorial nutrition plans to improve child nutrition within the 1,000-day window of opportunity. Support High level Advocacy on Nutrition related issues in humanitarian contexts.
- Support the strengthening of health system to increase access to life-saving treatment for children 6-59 months with SAM in all areas, with particular attention and additional support to high SAM prevalence areas (SAM prevalence > 1). Attention will be given to improve program quality and coverage to save lives of children at high risk of mortality.
- Support the CILLS (*Comité Permanent Inter Etats de Lutte contre la Sècheresse dans le Sahel*) in nutrition analysis to improve quality and strengthen the nutrition component of Cadre Harmonise.
- Continue working on financial tracking, leveraging domestic resources, and building national capacities, including by working with media and parliamentarians.
- Innovative funding opportunities: continue to focus on humanitarian interventions to ensure rapid and effective response to humanitarian crises, strengthening population resilience to risks, and complying with fundamental humanitarian principles.

**The EDUCATION section** will focus on:

- Reach children with access to infrastructures, distribution of learning materials, and teacher training.
- Reach children with education services, and expand the Radio Education Program in emergencies to offer a protective education routine to a minimum of 2 million crisis affected children in Burkina Faso, Central African Republic, Chad, DRC, Cameroon, and Niger. Expand the existing scripts (targeting literate children) to also include early learning curriculum, adapted to a population of primary and secondary school aged children who never went to school. WCARO will develop and pilot scripts for parents to enhance their parental skills, to support early learning and stimulation for children <5 years. The Radio Education Program initiative will be implemented in partnership with a South African NGO, the Children's Radio Foundation.

- WCARO will promote an expansion of resilient education approaches in emergency situation (Central African Republic, Burkina Faso, Lake Chad Basin), and for preparedness (Cote d'Ivoire).
- The protective Learning Environment study will be implemented in Burkina Faso, Central African Republic and DRC, to improve the evidence based advocacy on school safety.
- Through Rapid Pro technology Country Offices will be supported in improved and scaled up monitoring of perception of safety in and around schools operating in zones of insecurity.
- Through regional and national partnerships and high level advocacy and visibility UNICEF will promote the integration of resilient education approaches in local and regional policies, including pre-service and in-service teacher training.
- In collaboration with partners, UNICEF will support COs in the integration of risk in planning for education.
- WCARO will review the Radio Education Programs implemented during EVD response and in Lake Chad Basin (Niger, Cameroon). A study will be conducted in selected Sahel countries to assess the impact of Nutrition Crisis on learning and school attendance.
- WCARO will conduct capacity building on needs assessment in education, information management and coordination.

The **Child Protection section** will focus on:

- Support to emergency preparedness, with a focus on countries developing EPPs.
- Capacity building of UNICEF staff, partners and Governments, through technical support to the CPiE certificate (Bioforce).
- Reinforce Government's CPiE coordination skills, with a training targeting 16 countries.
- Maintain a regional roster of staff for surge deployments.
- Reinforce the capacity of ECCAS Member States (contributing countries to FOMAC) on child protection and children's rights.
- Drive and contribute to research and studies to feed into analysis, advocacy and programming, with a specific focus on CAAFAG, including prevention of recruitment, detention and reintegration.
- Provide regular and efficient remote and on-site technical support to CPiE programs in emergency contexts with a focus on L3 and L2 countries.
- Ensure strong linkages with Violence Against Children (VAC), Civil Registration and Vital Statistics (CRVS) and children on the move outputs.
- Ensure an optimal coordination with CPiE stakeholders at Regional Level through National Growth and Poverty Reduction Strategies (GPRE), participation in the Regional Working Group on Protection (Groupe de Travail Regional de Protection/GTRP) and GBV AoR coordination.
- Support the last phase of the Children of Peace (CoP) project implementation including final report and documenting of lessons learnt of LCB response.
- Support, in close coordination with the Child Protection AoR, 'cluster' countries (including with Information Management support).
- Support Monitoring and Reporting Mechanism (MRM) countries (technical support and quality assurance).
- Provide regular and efficient remote and on-site technical support to GBV and PSEA components of the CO's program.

- Organize one CPiE annual meeting for stock taking of best practices, innovations and challenges.

**The WASH section** will focus on:

- Continuous support to enhance WASH response in emergency-affected countries, particularly L2/L3 emergencies (Nigeria, CAR, DRC, Mali);
- Strengthen the response and prevention to cholera in hotspots areas;
- Facilitate the organization and country participation in WASH in Emergency and Cholera preparedness and response training;
- Pursue the integration of the humanitarian - development nexus;
- Facilitate the integration of climate resilience and/or risk management strategies into water, sanitation and hygiene sector plans and strategies of WCAR's fragile states;
- Support countries on the implementation of the "WASH-Nut" strategy, including lessons learning/sharing from priority countries;

**The Health section** will focus on:

- Provide regional technical assistance, quality assurance and oversight to support countries to achieve humanitarian results in health, and HIV/AIDS.
- Facilitate country collaboration across borders (Lake Chad Task Force) to ensure that assistance is provided to populations in vulnerable border regions and harmonized among country offices.
- Support capacity building for effective preparedness, response and recovery for humanitarian situations through the ongoing regional roll-out of the Emergency Preparedness Platform and emergency preparedness and response training, including training on humanitarian performance monitoring and sector-specific humanitarian action.
- Develop and support implementation of a regional strategy that will provide guidance on both health emergencies and ensuring the continuity of health services in humanitarian situation.
- Support the responses to cholera, meningitis, measles and other epidemics

**The HIV section** will focus on:

- Disseminate the recommendations of the International Conference on AIDS and STIs in Africa (ICASA) session on HIV and Migration in Africa, and support the implementation of key recommendations.
- Consolidate the joint Child Protection/HIV funding proposal on sexual violence in conflict-affected areas in DRC.
- Disseminate the Joint UN Regional Team on AIDS (JURTA) toolkit on HIV in Emergency and provide technical support to Joint UN Team on AIDS (JUNTA), with a focus on priority countries such as CAR, DRC, Nigeria, Cameroon and Congo.
- Support and participate to the regional workshop led by WFP on HIV Contingency Planning.

**The C4D section** will focus on:

- Support Country Offices in preparedness and response to Sahel nutritional crisis, by adapting or developing communication and community engagement plans, messaging strategies, communication materials, M&E mechanisms.
- Engage with Education in Emergencies (EiE) to enhance relevance of the Radio in emergency programme for out of school and other children, extend it to other countries and regions, and create synergies with protection, health and nutrition by inserting relevant messaging on essential practices.
- Assist COs to increase accountability to affected populations, by engaging communities and creating communication channels and feedback loops in humanitarian situations.
- Contribute to operational research, documentation of AAP/CEE lessons learned and best practices.
- Reinforce capacities of the C4D Staff in the COs in communication preparedness planning, as part of the EPP roll-out in the region.
- Participate in the regional Technical Advisory Group for Risk Communication and in the development of the Regional Strategy for Risk Communication in the ECOWAS region.
- Provide surge capacity, training and orientation for C4D in emergency response, including health emergencies and other humanitarian context.

**SUPPLY section** will focus on the following in 2018:

- Provide support to emergency countries through technical assistance for supply/log planning, contracting, pipeline tracking and overall inventory management.
- Consolidate emergency response capacity from the regional stockpiles in Douala and Accra and increased capacity of RUTF stockpiling by having an additional 100,000 cartons hub to address the increasing needs of therapeutic food in the Sahel region
- Development of a nutritional forecasting and monitoring tool for therapeutic supplies

## Expression of Thanks

UNICEF would like to express our gratitude to all donors for providing their support, which has enabled UNICEF across the West and Central Africa region to successfully implement UNICEF's mandate by responding in times of humanitarian crises and when the rights of women and children are in danger.

The results in this report, highlight the importance of flexible thematic and non-thematic humanitarian funding from donors, which has enabled UNICEF to respond quickly and meet pressing priorities. UNICEF has been able to use the financial support it has received to contribute to achieving results for children affected by crises.

While significant results were achieved to address humanitarian needs in 2017, additional funding is still needed to ensure timely, targeted and comprehensive humanitarian response, as well as build long term community and family resilience, capitalizing on the gains made in the region. The region is confronted with silent and protracted crises that must remain supported to ensure the wellbeing of children in WCAR.

For all those who have supported humanitarian assistance for West and Central Africa, you have contributed to the survival, protection, and development of children and women. Without your generous support UNICEF's work would not be possible – thank you!